

SEP 29 2006

Atty Docket No. 015389-002630US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Lieto, Louis D.

Group Art Unit 1632

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Lieto, Louis D.

CERTIFICATION OF FACSIMILE TRANSMISSION

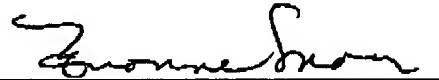
I hereby certify that the following documents in re Application of Thomas R. Cech et al., Application No. 10/044,539, filed January 11, 2002 for MAMMALIAN CELLS THAT HAVE INCREASED PROLIFERATIVE CAPACITY are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 p.);
2. Fee Transmittal (1 p., submitted in duplicate);
3. Terminal Disclaimer (2 pp.); and,
4. Communication (1 p.).

Number of pages being transmitted, including this page: 7

Dated: September 29, 2006

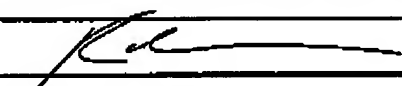

Yvonne Mock

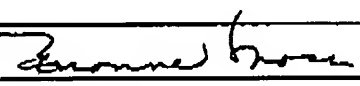
**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422
0295

PTO/SB/21 (07-06)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/044,539	RECEIVED CENTRAL FAX CENTER SEP 29 2006
	Filing Date	January 11, 2002	
	First Named Inventor	Cech, Thomas R.	
	Art Unit	1632	
	Examiner Name	Lieto, Louis D.	
Total Number of Pages in This Submission	6	Attorney Pocket Number	015389-002630US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 p., submitted in duplicate). <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (2 pp.). <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Communication (1 p.)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Randolph T. Apple	
Date	September 29, 2006	Reg. No. 36,429

CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300, on September 29, 2006.			
Signature			
Typed or printed name	Yvonne Mock	Date	September 29, 2006

60874515 v1

PTO/SB/17 (07-08)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 130**Complete If Known**

Application Number 10/044,539
 Filing Date January 11, 2002
 First Named Inventor Cech, Thomas R.
 Examiner Name Lieto, Louis D.
 Art Unit 1632
 Attorney Docket No. 015389-002630US

RECEIVED
CENTRAL FAX CENTER

SEP 29 2006

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crow LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal (Statutory) Disclaimer

Fees Paid (\$)

130

SUBMITTED BY

Signature

Registration No. 36,429
(Attorney/Agent)

Telephone 650-326-2400

Name (Print/Type) Randolph T. Apple

Date September 29, 2006

60874520 v1

RECEIVED
CENTRAL FAX CENTER

SEP 29 2006

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office,
Fax No. 1-571-273-8300 on September 29, 2006.

PATENT
Docket No.: 015389-002630US
Client Ref. No.: 018/212C

TOWNSEND and TOWNSEND and CREW LLP

By: 

Yvonne Mock

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Thomas R. Cech et al.

Application No.: 10/044,539

Filed: January 11, 2002

For: MAMMALIAN CELLS THAT HAVE
INCREASED PROLIFERATIVE
CAPACITY

Customer No. 34151

Confirmation No.: 4930

Examiner: Lieto, Louis D.

Art Unit: 1632

COMMUNICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is one (1) terminal disclaimer. This disclaimer replaces the
substantively identical disclaimer filed in the above-referenced application on June 16, 2006. The
replacement disclaimer is being filed because the earlier-filed disclaimer was inadvertently signed
by Applicants' representative acting under 37 CFR 1.34.

Respectfully submitted,



Randolph T. Apple
Reg. No. 36,429

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: (415) 576-0200
Fax: (415) 576-0300
RTA:ym